



DEPARTMENT OF THE NAVY
NAVAL MEDICAL RESEARCH CENTER DETACHMENT

LIMA, PERU
UNIT NUMBER 3800
APO AA 34041 - 3800

IN REPLY REFER TO
NMRCINST 1740.4
04 Jan 04

NMRC D INSTRUCTION 1740.4

From: Officer-in-Charge, Naval Medical Research Center Detachment

Subj: FAMILY CARE POLICY

Ref: (a) OPNAVINST 1740.4A
(b) SECNAVINST 5300.35
(c) DODINST 1342.19

Encl: (1) Definitions
(2) NAVPERS 1070/613
(3) OPNAV 1740/6 Dependent Care Certificate

1. Purpose. Establishes guidelines on dependent care responsibilities as they affect the accomplishment of military duties, for all single member sponsors and dual military couples with dependents assigned to the Naval Medical Research Center Detachment.

2. Applicability and Scope. Applies to all Navy personnel serving on active duty, who are single parents or dual military couples that have custodial responsibility for family members or other dependents. To ensure that single parents and dual military couples with dependents are able to maintain their world-wide availability to the Navy, it is incumbent on this command to inform individuals of the full scope of their responsibilities in providing dependent care and to ensure compliance with reference (a).

3. Definitions. Terms used in this instruction are described in enclosure (1)

4. Requirements. The primary responsibility for initiating and developing a workable family care plan rests with the individual member. It is also the responsibility of the member to provide the caregiver all information and documentation needed to execute the Family Care Plan and provide for the member's dependents. Formal documentation of a member's Family Care Plan is required under any of the following conditions:

a. A single parent with custody of children under 19 years of age.

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b. Both members of a dual military couple with custody of children less than 19 years of age.

c. Family circumstances or other personal status change in which the member becomes solely responsible for the care (housing, medical, logistical, financial, food, clothing, or transportation) of another person. Such circumstances include, but are not limited to:

(1) Birth of a child or adoption of a child under years of age.

(2) Loss of a spouse through death, separation or divorce, or spouse's injury or illness of such a nature that the spouse is unable to care for family member or other dependents.

(3) Assumption of sole care for an elderly, disabled or chronically sick family member, who is unable to care for himself or herself in the absence of the member.

(4) Extended, recurring, or other absence of a civilian spouse through career/job commitments or personal reasons, which in the opinion of the Commanding Officer (CO) may impact on the member's deployability.

5. Action. Members who meet the criteria as defined in paragraph 5 shall:

a. Submit a new or update Family Care Plan to the Officer-in-Charge (OIC) or designated representative within 60 days of the following:

(1) Upon reporting to this command.

(2) Upon change in caregiver circumstances.

(3) Upon the birth or adoption of a child or assumption of sole care for elderly or disabled family member.

b. Verify the family Care Plan for currency under following conditions:

(1) Annual

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Prior to re-enlistment or extension of obligated service.

(3) Prior to executing PCS orders, especially to training ("C" Schools, graduate education, scholarship/commissioning/out-service education programs, etc)

c. If mitigating circumstances are involved, the OIC may grant an additional 30 days to submit an acceptable Family Care Plan. Members whose family or personal status changes shall notify the OIC as soon as possible, but not later than 30 days following the occurrence of changes in status. This 30-day notification period does not change the requirement for establishing or updating the Family Care Plan within 60 days.

6. Responsibilities

a. The OIC shall ensure:

(1) All members of the command are informed of the requirements of this instruction.

(2) All members of the command who meet the criteria outlined in paragraph 5 develop and maintain an up-to-date Family Care Plan.

(3) Establish a collateral duty billet (Dependent Care Coordinator) within the command.

b. The Dependent Care Coordinator shall:

Manage the Command's Family Care Plan Program.

(2) Interview all military personnel upon reporting to the command to determine dependency status, per reference (a).

(3) Complete enclosures (2) and (3) on all military personnel.

4) Update Family Care Plans annually

(5) Maintain the member's Family Care Plan package within the command.

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(6) Maintain administrative control over all correspondence relating to dependency care requirements.

A handwritten signature in black ink, appearing to read 'J. K. Baird', with a stylized flourish at the end.

J. K. BAIRD

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DEFINITIONS

CAREGIVER - An individual who is not a member of the Armed Forces or a member of a Reserve Component, is at least 21 years of age, and is capable of self-care and care of children or other dependent family members. This individual must agree in writing to care for one or more family members during the member's absence for indefinite periods to ensure the member is available for worldwide duties.

COUNSEL - The instruction given by a commanding officer (or representative) to ensure that the member fully understands the unique demands of military service as it relates to personal and family responsibilities and the necessity for realistic family care arrangements to ensure members are available for worldwide duty.

DUAL MILITARY COUPLE WITH DEPENDENTS - Active-duty members married to each other who have joint responsibility and physical custody for the care of children under 19 years of age or family members for whom the member (s) bears medical, legal, financial, or logistical responsibility.

FAMILY CARE PLAN - A document that outlines on service- specific forms the person (s) who shall provide care for the member's children or other dependents that rely solely upon the member for financial, medical, logistical support (housing, food, clothing, transportation) in the absence of the member due to military duty (training exercises, temporary duty, deployments, etc.). The plan outlines the legal, medical, logistical (housing, food, transportation), educational, monetary, and religious arrangements for the care of the member's family. The plan must include all reasonably foreseeable situations and be sufficiently detailed and systematic to provide for a smooth, rapid transfer of responsibilities to the caregiver in the absence of the member.

FAMILY CARE PLANNING - The process of planning in advance for the care of children, disabled, elderly, and/or other family members. The planning is the initiative taken by the member to use all available military and private sector resources to

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ensure adequate care, support and supervision for covered family members during the member's absence.

FAMILY MEMBERS - Includes those individuals for whom the member provides medical, financial, and logistical (housing, food, clothing, and transportation) support. This includes but is not limited to, children under the age of 19, elderly adults, persons with disabilities, and others who are unable to care for themselves in the absence of the member.

MEMBER Includes any service member of the U.S Navy on active duty.

SEPARATED - The status of a married member who is legally separated from his/her spouse under a court order or other legally recognizable decree, or customarily resides apart from his/her spouse.

SINGLE PARENT - A member who has no spouse, who is separated, divorced, widowed, or otherwise apart from his/her spouse in excess of 60 days, and has physical custody of children under 19 years of age or disable dependents of any age for whom the member bears full medical, legal, logistical (for example, housing, food, clothing, transportation) or financial responsibility.

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ADMINISTRATIVE REMARKS

NAVPERS 1070/613 (REV 10-90)

SHIP OR STATION

NAVAL MEDICAL RESEARCH CENTER, DETACHMENT, LIMA, PERU

This is to certify that I was counseled on _____, concerning my responsibility as a Single/Dual Military Sponsor as delineated in NAVMEDRSCHCENINST 1740.4D. During this counseling I was advised:

1. That I am responsible for arranging for the care of my dependents:
 - a. While on duty (normal duty hours, alert, recalls, etc.)
 - b. While on TAD.
 - c. For extended deployment or worldwide PCS transfer.
2. Of the necessity and importance of the following documents:
 - a. Power of attorney authorizing medical care.
 - b. Power of attorney for person designated to act in loco parentis
 - c. Identification cards for all eligible dependents.
 - d. A will with guardianship provisions.
3. Of the necessity to make financial arrangements with designee, which will support for dependents.
4. If a designee is not in the local area, the necessity for:
 - a. Temporary designee in local area until principal designee arrives or dependents are transported to principal designee.
 - b. Transportation arrangements for principal designee to location of dependents or vice versa.
5. Of services provided by the Red Cross, Family Service Centers, Legal Office, Disbursing Office and Chaplin.

Of the provisions governing entitlement to assignment of government quarters.
7. Of the provisions governing entitlement to Basic Allowance for Subsistence, application procedures, and amount of payment.
8. Of the provisions governing disciplinary actions and involuntary separation from the service for inability to perform prescribed duties, repetitive absenteeism, or nonavailability for worldwide assignment because a member cannot arrange for care of dependents during his or her absence.

Signature

Date

Witnessed: _____

NAME (Last, First, Middle)

SSN

BRANCH AND CLASS

Encl (2)

**DEPARTMENT OF THE NAVY
FAMILY CARE PLAN CERTIFICATION**

PRIVACY ACT ADVISEMENT

AUTHORITY: 44 U.S.C. Section 3101; 5 U.S.C. Section 301; 10 U.S.C. Sections 133 and 5031; and E.O. 9397.

PRINCIPAL PURPOSE: To identify and ensure that single military members and military couples with dependents have made adequate dependent care arrangements and to ensure the member is worldwide assignable. The information which will be solicited is intended principally for the following purposes: (a) The personnel information will facilitate combat readiness and document a plan for the care of your family members in the event of a medium or long term absence; (b) it will be used to evaluate compliance with the DOD and Navy program requiring Family Care Plans.

ROUTINE USES: To designate persons who will accept dependent car responsibility and to contact those persons to verify their willingness to act for the member in this capacity, and to advise the designee(s) when they are expected to discharge these responsibilities. The information may also be used to determine overseas suitability, conduct authorized investigations, and other lawful purposes.

DISCLOSURE IS VOLUNTARY: Disclosure of information concerning family members, their caregivers, and the personal arrangements surrounding the care of family members is voluntary. However, refusal to provide the requested information may result in the member failing to meet Navy obligations.

PART I. APPLIES TO ALL SINGLE MEMBER SPONSORS AND MILITARY COUPLES WITH DEPENDENTS

1. I have been counseled and fully understand Navy policy on dependent care responsibilities and have read and understand the Navy's policy that I must arrange for dependent care so that I will remain worldwide available as defined, and that I must report for duty as required without dependents.	Initials
2. I understand that failure to make and maintain an adequate Family Care Plan in accordance with Navy's policy may be grounds for disciplinary action or separation from the Navy, or both.	
3. I understand that I may be subject to action under the Uniform Code of Military Justice if this statement is not accurate.	
4. I understand that I am subject to deployments on short notice and that I will not be guaranteed special privileges because I have dependents.	
5. My normal working hours are _____. I have made arrangements for the care of my family members during these hours as well as absences due to extended working hours and the execution of my military duties. I understand that if these arrangements or the care of my dependents fail, my absence from assigned duty is without authority unless excused by the commanding officer.	
6. I affirm that I have made and will maintain arrangements for the care of my dependents to permit me to be worldwide available during Duty Hours, Extended Duty Hours, Exercises Unaccompanied Tours, Temporary Additional Duty, Permanent Change of Station, and other similar military obligations.	
7. I understand that I must revise or verify this plan at least yearly or on reassignment, reenlistment, extension of enlistment, or within 30 days of any change in my family or caregiver status.	
8. All of my dependents are 19 years or older and capable of self-care.	
9. I understand that while serving in an overseas area, I must arrange for the escort and care of my dependents to the designated person. If my principal caregiver is not in the local area, I understand that I must arrange with a nonmilitary person in the local area to assume temporary responsibility for my dependents until that responsibility is transferred to my principal caregiver.	
10. In the event of my death or incapacity, _____ (name, address, telephone number) has agreed to assume temporary responsibility for my minor children until the guardian named in my will assumes responsibility, or until a legal guardian or other custodian is appointed by the court of cognizant jurisdiction, or until my child (ren)'s non-custodial natural parent assumes custody, whichever occurs first.	
11. The attached form (NAVPERS 1740/7) explains what financial arrangements have been made to provide support for my family member(s) while they are under someone else's care, what logistical arrangements have been made to get my family members to the designated caregiver; where to go for routine and emergency medical treatment for my family member(s), and what the caregiver should do in the event they are no longer able to care for my family members.	
TYPED OR PRINTED NAME, GRADE/RATE, & SSN	SIGNATURE
	DATE

PART II. APPLIES TO ALL SINGLE MEMBERS SPONSORS AND MILITARY COUPLES WITH DEPENDENTS	
CAREGIVER ACKNOWLEDGMENT	
<p>12. I agree to accept responsibility and provide care for the family members of _____ if he/she must report for duty for extended work hours, recall, or TAD. I acknowledge that I have been fully briefed on: (a) Financial and logistical arrangements and location of important papers, (b) Military and civilian support resources available to assist in the care of family members including location and/or points of contact for the member's command, local Family Service Center, child care center, and Navy Marine Corps Relief Society, and (c) Family member entitlements, available services, and access requirements for military bases resources including medical and dental treatment facilities, exchanges, commissaries, and recreation facilities.</p>	
A. Member's absence is for a duration of less than 30 days.	
SIGNATURE	ADDRESS (Include ZIP Code)
TYPED OR PRINTED NAME	
PHONE NUMBER (Include Area Code)	
B. Member's absence is for a duration of greater than 30 days.	
SIGNATURE	ADDRESS (Include ZIP Code)
TYPED OR PRINTED NAME	
PHONE NUMBER (Include Area Code)	
PART III. APPLIES TO SINGLE MEMBER SPONSORS & MILITARY COUPLES WITH DEPENDENTS	
SERVING OVERSEAS & ACCOMPANIED BY DEPENDENTS	
CAREGIVER ACKNOWLEDGEMENT	
<p>13. I agree to be responsible for accompanying and caring for the family member _____ as an escort if evacuation from any overseas area becomes necessary. _____</p>	
TYPED OR PRINTED NAME	SIGNATURE
PART IV. FOR IN-SERVICE COUPLES ONLY	
<p>14. Statement of Military Spouse. I have read my spouse's plan and concur.</p>	
TYPED OR PRINTED NAME & SSN OF SPOUSE	SIGNATURE OF SPOUSE
PART V. COMMANDER CERTIFICATION	
<p>15. I have reviewed this Family Care Plan and I am satisfied that the member has made adequate family care arrangements that will allow for a full range of military duties and for worldwide availability as defined here.</p>	
SIGNATURE OF COMMANDING OFFICER	DATE